



Complete Summary

TITLE

Asthma: percent of patients with a severity assessment at last contact (visit or phone).

SOURCE(S)

HDC topics: asthma. [internet]. Rockville (MD): HRSA Health Disparities Collaboratives; 2005[cited 2005 Mar 31]. [8 p].

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percent of patients with a severity assessment at last contact (visit or phone).

RATIONALE

Asthma is a chronic lung condition that increasingly is being recognized as a major international public health challenge. But although asthma is a chronic respiratory disease, much can be done to manage the symptoms. Never before have we had so many good, safe oral and inhaled drugs for the treatment of asthma as we do today. Evidence-based guidelines have been proven to be effective in improving the daily lives of patients with this disease.

Unfortunately, despite our progress, we know that many individuals with asthma still suffer unnecessarily from the symptoms of disease. Guideline implementation lags in many practices across the country. In a healthcare system designed

around acute care, chronic illnesses including asthma are not managed as effectively as they could be. Translating research into practice is not as easy as it sounds, even when we know it is the right thing to do.

The Asthma Collaborative is designed to help healthcare providers improve the care they provide to people with asthma. Focusing on specific measures that are based on clinical guidelines, practices concentrate on changes that truly make a difference. By providing tools and proven strategies to change the way asthma care is delivered, the Asthma Collaborative has improved the lives of thousands with asthma.

This measure is one of 11 measures that participants track in the HRSA Health Disparities Collaborative for Asthma.

PRIMARY CLINICAL COMPONENT

Asthma; severity assessment

DENOMINATOR DESCRIPTION

Total number of patients with asthma in the registry

NUMERATOR DESCRIPTION

The number of patients from the denominator with a severity assessment at last contact (visit or phone)

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence
- A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Use of this measure to improve performance

EVIDENCE SUPPORTING NEED FOR THE MEASURE

HDC topics: asthma. [internet]. Rockville (MD): HRSA Health Disparities Collaboratives; 2005[cited 2005 Mar 31]. [8 p].

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Collaborative inter-organizational quality improvement
Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Ambulatory Care
Community Health Care
Physician Group Practices/Clinics

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Advanced Practice Nurses
Physician Assistants
Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Group Clinical Practices

TARGET POPULATION AGE

Unspecified

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Asthma affects between 14 and 15 million people in the United States alone. There are 4.8 million children with asthma in the U.S. During the past 15 years, its prevalence around the world has doubled.

EVIDENCE FOR INCIDENCE/PREVALENCE

HDC topics: asthma. [internet]. Rockville (MD): HRSA Health Disparities Collaboratives; 2005[cited 2005 Mar 31]. [8 p].

Institute for Healthcare Improvement. Health Disparities Collaboratives changing practice, changing lives: asthma training manual. Cambridge (MA): Institute for Healthcare Improvement; 2002. 71 p.

ASSOCIATION WITH VULNERABLE POPULATIONS

In the U.S., rates of asthma deaths, hospitalizations, and emergency department visits have been increasing for more than two decades, especially among African Americans and children. Since 1979–82, the average age-adjusted asthma death rate for blacks has increased 71 percent versus 41 percent for Caucasians, and in 1995–98, the death rate was almost three times that of Caucasians.

Similarly, between 1992 and 1998, rates of emergency department visits for asthma increased, with the greatest increase in children ages 10–17. Children under 5 accounted for the highest rates of emergency department visits. Hospitalization rates also rose during this time period. Between 1979–81 and 1997–99, hospitalization rates for children under 5 increased 48 percent. In 1997–99, hospitalization rates were more than three times higher for African Americans than for whites.

EVIDENCE FOR ASSOCIATION WITH VULNERABLE POPULATIONS

Institute for Healthcare Improvement. Health Disparities Collaboratives changing practice, changing lives: asthma training manual. Cambridge (MA): Institute for Healthcare Improvement; 2002. 71 p.

BURDEN OF ILLNESS

In 2000, there were 100 million total days of restricted activity among persons with asthma and 5,000 deaths of asthma.

See also the "Association with Vulnerable Populations" field.

EVIDENCE FOR BURDEN OF ILLNESS

Institute for Healthcare Improvement. Health Disparities Collaboratives changing practice, changing lives: asthma training manual. Cambridge (MA): Institute for Healthcare Improvement; 2002. 71 p.

UTILIZATION

In 2000, the annual hospitalization rate among persons with asthma was 470,000.

See also the "Association with Vulnerable Populations" field.

EVIDENCE FOR UTILIZATION

Institute for Healthcare Improvement. Health Disparities Collaboratives changing practice, changing lives: asthma training manual. Cambridge (MA): Institute for Healthcare Improvement; 2002. 71 p.

COSTS

The total cost of asthma in 2000 was estimated to be \$12.7 billion, with direct medical costs amounting to \$8.1 billion and lost earnings due to illness and death totaling \$4.6 billion.

EVIDENCE FOR COSTS

Institute for Healthcare Improvement. Health Disparities Collaboratives changing practice, changing lives: asthma training manual. Cambridge (MA): Institute for Healthcare Improvement; 2002. 71 p.

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Living with Illness

IOM DOMAIN

Effectiveness
Equity
Patient-centeredness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

Total number of patients with asthma in the registry

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions
Total number of patients with asthma in the registry

Exclusions
Unspecified

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Clinical Condition

DENOMINATOR TIME WINDOW

Time window is a single point in time

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

The number of patients from the denominator with a severity assessment at last contact (visit or phone)

Exclusions
Unspecified

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Encounter or point in time

DATA SOURCE

Special or unique data

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

Internal time comparison
Prescriptive standard

PRESCRIPTIVE STANDARD

Goal: greater than 90%

EVIDENCE FOR PRESCRIPTIVE STANDARD

HDC topics: asthma. [internet]. Rockville (MD): HRSA Health Disparities Collaboratives; 2005[cited 2005 Mar 31]. [8 p].

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Current severity assessment.

MEASURE COLLECTION

[HRSA Health Disparities Collaboratives Measures](#)

MEASURE SET NAME

[HRSA HDC Asthma Collaborative Measures](#)

SUBMITTER

Health Resources and Services Administration

DEVELOPER

HRSA Health Disparities Collaboratives: Asthma Collaborative

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2002 Jan

REVISION DATE

2003 Jan

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

HDC topics: asthma. [internet]. Rockville (MD): HRSA Health Disparities Collaboratives; 2005[cited 2005 Mar 31]. [8 p].

MEASURE AVAILABILITY

The individual measure "Current Severity Assessment," is available from the [Health Disparities Collaboratives Web site](#).

COMPANION DOCUMENTS

The following is available:

- Institute for Healthcare Improvement. Health Disparities Collaboratives changing practice, changing lives: asthma training manual. Cambridge (MA): Institute for Healthcare Improvement; 2002. 71 p. This document is available in Portable Document Format (PDF) from the [Health Disparities Collaboratives Web site](#).

NQMC STATUS

This NQMC summary was completed by ECRI on July 5, 2006. The information was verified by the measure developer on August 18, 2006.

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The logo for FIRSTGOV, with "FIRST" in blue and "GOV" in red, and a small red star above the "I".

